



FOR OFFICE USE ONLY:
Number of volunteer hours: _____
Supervising Staff's initials: _____

Volunteer Waiver

I voluntarily agree to participate, or for my child to participate, in the City of Santa Clarita's Volunteer Engagement Program. I hereby waive, release, and hold harmless from any liability or claims for damages for personal injury, including death, as well as from claims or property damage which may arise in connection with the above-named activity, against the supervisor, the City of Santa Clarita and their elected and appointed officials, agents, and employees. As parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary, as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I hereby give permission to the City of Santa Clarita Recreation, Community Services, Arts and Open Space Department to use my, or my children's, photographs as they see fit in their recreation brochure or other advertising. I understand all photographs belong to the City of Santa Clarita and I will not receive payment of any kind.

BE SURE TO PROVIDE ALL INFORMATION.
Please use BLUE or BLACK ink ONLY and write legibly.

Name of Group/Organization: _____
(if applicable)

I, (Volunteer) _____ residing at _____
(Print Name)

(Print Street Address, City, and Zip Code)

Phone: _____ Email: _____

hereby agree to the Volunteer Agreement set forth on this _____ day of _____, 2017.

Adult Volunteer : Signature: _____ Date of Birth: _____

Minor Volunteer : Name of Parent/Guardian: _____
Signature of Parent/Guardian: _____

Name(s) of minor(s) volunteering: _____ Date of Birth: _____
_____ Date of Birth: _____
_____ Date of Birth: _____

Please return completed Volunteer Agreement to:
Volunteer Engagement Program
20880 Centre Pointe Parkway
Santa Clarita Activities Center
Santa Clarita, CA 91350

- or -

Email: volunteers@santa-clarita.com